LICENSE APPLICATION FOR NEW POSTSECONDARY ACADEMIC DEGREE-GRANTING INSTITUTION DOMICILED IN LOUISIANA

2020



BOARD OF REGENTS STATE OF LOUISIANA

LICENSE APPLICATION FOR NEW POSTSECONDARY ACADEMIC DEGREE-GRANTING INSTITUTION

This license application is designed to provide the Board of Regents with information pertaining to criteria and requirements for licensure of postsecondary, academic degree-granting institutions in the state of Louisiana pursuant to R.S. 17:1808. This information must be provided prior to licensing. Institutions must answer **all** questions on the application.

If the space provided for any question is insufficient, please attach additional sheets as necessary.

Completed license application, all required documents and license fee should be returned to:

Ms. Melissa Anders Louisiana Board of Regents P.O. Box 3677 Baton Rouge, Louisiana 70821-3677

Important Guidance for Institutions Providing Instruction Through Distance Education

The Louisiana Board of Regents (BoR) is entrusted with the oversight of licensure of postsecondary academic degree-granting institutions operating in the state of Louisiana pursuant to R.S.17:1808. An in-state institution that provides its educational offerings exclusively via distance learning modalities (i.e., computer, other telecommunications devices, or mail correspondence courses) must demonstrate sufficient physical presence in Louisiana in order to be considered domiciled here and eligible for licensure by the BoR. Institutions wishing to offer online/distance education without having a permanent physical location with substantial administrative capacity in Louisiana are not eligible for licensure in Louisiana.

Criteria for determining whether a potential applicant institution is eligible for licensure include – but are not necessarily limited to – the following:

- 1. The institution's main base of operations is at a permanent physical location in Louisiana with regular business hours of operation.
- 2. The Louisiana physical location has the administrative capacity to perform student services (admissions, financial aid, advising) required for the kind of educational offerings provided.

An initial non-refundable fee of \$1,500 must be submitted with the application, paid by company or institutional check or money order, made payable to the Louisiana Board of Regents. A non-refundable renewal fee of \$1,500 is due on the anniversary of the approval of the initial license. Every two years, in addition to paying the annual fee, institutions must also submit for approval a License Renewal Application.

NAME AND ADDRESS OF PROPOSED INSTITUTION

| Name of Institution | | |
|--|-------------------------|-------------------|
| | () | |
| Street or P. O. Box | Area Code | Telephone Number |
| | () | |
| City, State and Zip Code | Area Code | FAX Number |
| PRINCIPLE CONTACT OF STAFF MEN LICENSURE: | MBER WHO IS RESPONSIBLE | FOR INSTITUTIONAL |
| Name and Title: | | |
| Phone Number: | | |
| Email Address: | | |

PROPOSED INSTITUTION'S WEBSITE ADDRESS (please submit URL even if website in draft form/not yet public)

REGIONAL, NATIONAL AND/OR PROFESSIONAL AGENCY (U.S. DEPARTMENT OF EDUCATION RECOGNIZED) THAT THE INSTITUTION PLANS TO SEEK ACCREDITATION

| Agency |
|--|
| Agency |
| Please briefly describe reasons for seeking accreditation with the agency listed above, prelimina research completed to date and next steps for seeking accreditation should licensure be granted |
| |
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| INSTITUTIONAL CATALOG (Include a link to the proposed institution's catalog (even if in draft form) here. If a link is not available, please provide a PDF version of this document electronically on flash drive or a hard copy.) |
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| PROPOSED INSTITUTION'S MISSION STATEMENT |
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I. FACULTY

This section deals with general information on faculty.

In addition to providing the information requested below, <u>please provide curriculum vita</u> <u>for all employed faculty (may provide on flash drive).</u>

1. Indicate number of total faculty, full-time faculty, and part-time faculty currently employed by the proposed institution. **Do not leave blank, if response is 0, please list 0.**

| Total Number of Faculty | |
|---|--|
| Number of Faculty Employed on a Full-Time Basis | |
| Number of Faculty Employed on a Part-Time Basis | |

Note: A full-time faculty member is defined as an individual who works a minimum of forty hours per week for the institution with at least fifty percent of his/her work responsibility assigned to academic instruction and/or research functions.

2. Of the faculty listed in Item #1, indicate the number who possess the following academic degrees from accredited institutions recognized by the United States Department of Education.

| HIGHEST EARNED DEGREE | FULL-TIME FACULTY | PART-TIME FACULTY | TOTAL FACULTY |
|--------------------------|----------------------|----------------------|------------------|
| Doctorate | | | |
| Special/Professional | | | |
| Master's | | | |
| Bachelor's | | | |
| Other | | | |

II. ACADEMIC PROGRAM STANDARDS

| 1. | | Вус | heckii | ng th | e box | , the | prop | posed | l insti | tution | agrees | s, if g | rante | d an | opera | ating | license |
|----|------|--------|--------|-------|-------|-------|------|-------|---------|--------|--------|---------|-------|-------|-------|--------|---------|
| to | prov | /ide p | rospe | ctive | stud | ents | and | other | inter | ested | person | s witl | h the | follo | wing | inforr | nation. |

- 1. Admission policies;
- 2. program descriptions and objectives;
- 3. schedule of tuition, fees, and other charges:
- 4. cancellation and refund policies;
- 5. other material information about the institution and its programs which may impact a student's enrollment.

| Correspon | dence | | | Classroom Laboratory | |
|-------------------|--|---|--|--|--------------------------------|
| Classroom | Lecture | | | Independent Study | |
| Online | | | | Other | |
| | | of all acade of operation | | ms the proposed institution p | olans to offe |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ACILITIES | AND MAIN | ITENANCE | | | |
| 1. aq aq la | By checogrees to ma boratory spuality educa | king the bo hintain or pro pace, appro ation based | x, if granted ovide acce priate equip on the type | d an operating license, the pross to appropriate administrationent and instructional mater and level of program being ety laws and ordinances. | ve, classroon rials to supp |

Check types of instruction the proposed institution plans to provide:

2.

| years o | provide a brief description of the proposed institution's facilities during the first three of operation and depict how they support the institutional mission and programs offered. e if the facility includes classrooms, offices, labs, etc. |
|---------|---|
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| FINAN | CIAL AND ADMINISTRATIVE OPERATIONS |
| 1. | Attach the current résumé of the proposed institution's chief executive officer. (on flash drive or hard copy) |
| 2. | Indicate the type and amount of insurance coverage held by the proposed institution and the name and address of the issuing agent. |
| | |
| | |
| 3. | Attach a copy of this year's financial review for the proposed institution. (on flash drive or hard copy) |
| prepai | The proposed institution shall provide the Board of Regents with a financial review red in accordance with standards established by the American Institute of Certified Accountants. |
| 4. | Attach a copy of the organizational chart representing the governance structure of the proposed institution, including names (on flash drive or hard copy) |
| | checking the box, the proposed institution agrees that it has reviewed and will adhere to eria and requirements for licensure in the State of Louisiana, as outlined in |

PLEASE NOTE

An initial non-refundable fee of \$1,500 must be submitted with the application, paid by company or institutional check or money order, made payable to the Louisiana Board of Regents. A non-refundable

| SUBSCRIBED AND SWORN TO BEFORE ME THIS | DAY OF | |
|--|--------|--|
| 20 | | |

RETURN LICENSE APPLICATION AND NON-REFUNDABLE FEE TO:

Ms. Melissa Anders Louisiana Board of Regents P.O. Box 3677 Baton Rouge, LA 70821-3677

In the event licensure is granted by the Louisiana Board of Regents, the proposed institution will be required to post a surety bond in the amount of ten-thousand dollars (\$10,000.00) issued by a surety authorized to do business in the State of Louisiana. The bond will remain in effect until regional/national accreditation is granted.

| Non-refundable fee of one thousand five hundred dollars (\$1500.00) made payable to the Louisiana Board of Regents. | e |
|---|---|
| Curriculum vita for employed faculty. | |
| Copy of proposed institution's catalog. | |
| Current résumé of proposed institution's chief executive officer. | |
| Copy of this year's financial review. | |

Copy of the organizational chart representing the governance structure of the proposed institution, including names. (May provide on flash drive)

Required items checklist: